DONATED FOOD LOSS REPORT

Name of Food Bank/Food Pantry/Soup Kitchen where loss occurred: ______________________________________________________

THE INFORMATION YOU PROVIDE IN THIS REPORT WILL BE USED TO DETERMINE WHETHER OR NOT A CLAIM IS PLACED AGAINST YOUR AGENCY. BE SPECIFIC, ATTACH ADDITIONAL PAGES IF NECESSARY. CONTACT THIS OFFICE PRIOR TO SUBMITTING THIS REPORT IF YOU HAVE QUESTIONS.

I. GENERAL:

Date of this report: ____________ Date this loss occurred: ______________

(All food losses must be reported to the Food Distribution Office within ten days of the date of loss)

Was food examined when received: Yes ____ No _____ If not, why ____________________________

Is First In/First Out practiced Yes ____ No _____ If not, why ____________________________

Food ___________________ ___________________ __________________

Pack Date ___________________ ___________________ __________________

Date Received ___________________ ___________________ __________________

Cases + Units Lost __________________________________________________________

Case Value (from KY-FD-26-FB) ___________________ ___________________ __________________

Total Value ___________________ ___________________ __________________

GRAND TOTAL:   $ _____________

(from all pages)

Circumstances surrounding this loss. Be as detailed as possible. Attach additional pages as needed.

(** This section must be completed for all food losses **)

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

In your opinion was negligence involved in this loss? Yes _____ No ____

Reasoning: __________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Signature Representative __________________________ Title ___________ Date ___________

** Page 1 of 2 **

COMPLETE ONE OF THE FOLLOWING SECTIONS APPLICABLE TO THIS FOOD LOSS
II. FREEZER/COOLER FAILURE:

A COPY OF THE CURRENT TEMPERATURE RECORDING CHART AND THE PRIOR TWO MONTHS TEMPERATURE RECORDING CHARTS MUST ACCOMPANY THIS LOSS REPORT.

Temperature Checks:
Frequency which temperatures are checked and recorded: __________________________
Readings Taken From:
Yes  No
Internal Thermometer  __   __
External Thermometer  __   __
Is there an Electronic Warning System  __   __

III. INFESTATION/SPOILAGE/CONTAMINATION:

Loss was caused by:
Insects infestation: ______ Rodent damage: ______ Other: (specify) ____________________________
Extermination treatment provided: Yes _____ No _____ Service provided by: __________________________
Frequency of treatment: ____________________________
Date of last treatment: ____________________________
Storage Conditions:
Palletized Yes  No
Ventilated __   __

PLEASE ATTACH COPIES OF THE PERPETUAL INVENTORY REPORT (KY-FD-20) FOR EACH ITEM, AND THE TEMPERATURE RECORDING CHART FOR THE PAST TWO MONTHS.

IV. THEFT:

Were the Police Informed:
Yes _____ A copy of the Police Report must be attached.
No _____ If no, why: ________________________________________________________________
Thief's Method of Entry: __________________________________________________________
Were Locks and/or Alarms Used: _____________________________________________________

V. DISPOSITION OF FOOD:

Was Food Inspected by the Health Department:
Yes _____ By _________________________________________________________ (Attach Report)
No _____ If not, why: ____________________________
Finding of Inspection: Food Condemned ______ Other __________________________
Food Destroyed:
On whose authority was food destroyed: __________________________________________
How was food destroyed: _________________________________________________________

VI. RECOMMENDATION OF THE FOOD BANK:

No Claim ______ Claim ______ Comments: __________________________________________________
Signature ______________________________________ Date _____________________________

RECOMMENDATION OF THE STATE AGENCY:

No Claim ______ Claim ______ Comments: __________________________________________________
Signature ______________________________________ Date _____________________________

** Page 2 of 2 **